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**REVOCATION OF POWER OF** ATTORNEY OR **AUTHORIZATION OF AGENT** 

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Application Number	10/017,627
Filing Date	12/18/2001
First Named Inventor	WILLARD E. CARLSOIY
Group Art Unit	1731
Examiner Name	
Attorney Docket Number	90290

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:					
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OR .					
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OR					
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Address	400 BEACH RD.				
Address	#204				
City	TEQUESTA	St. 15	710 33469		
Country	TEQUESTA  USA  561-746-4456	State 7	1-746-4457		
Telephone	361-140	rax -			
I am the:					
Applicant/Inventor.			70:		
Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record					
	SIGNATURE of Applicant or Assign	nee of Record	1 KO		
Name (	NILLARD E. CAR	150N	DIN .		
Name Willard E. CARLSON Signature Willard E. Carlson					
Date 12-19-02					
Date 12-14-02  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					

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Please change the correspondence address for the above-identified application to:			
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OR			
Firm or Individual Name	IVAR H. STOCKEL 4005 GULF SHORE BLVD. N.		
Address	4005 GULF SHORE BLVD. N.		
Address	#302		
City	NAPLES		
Country	USA State FL ZIP 34103		
Telephone	239-434-5527 Fax		
I am the:			
	<u> </u>		
Applicant/Inventor.			
Assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
· · · · · · · · · · · · · · · · · · ·	SIGNATURE of Applicant or Assignee of Record		
Name /	VAR H. STOCKEL		
Signature Dock			
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